



## Peer Mentoring, ICDs and the CVC – Getting Linked

The Frankel Cardiovascular Center is pairing up with the Patient and Family Centered Care (PFCC) Program to pilot expanded peer mentoring at the University of Michigan Health System. We are developing a program with a focus on implantable cardioverter defibrillator (ICD) patients which will match our more seasoned patients with our patients newer to the system. These patient pairs will share information, support, resources and experiences to encourage each other. Few peer mentoring programs exist nationwide so we look forward to working with you as pioneers to spread peer mentoring throughout our health system and beyond!

- All peer mentors will receive formal training, as well as ongoing staff support and follow-up.
- Each patient pairing will be voluntary and unique. Variations in amount of contact, type of contact, as well as longevity of the relationship are all under the control of the pair.
- Mentors may be asked to commit around 4 hours of their time on a monthly basis, but can contribute more if their schedule allows. Initially, volunteer hours will occur on weekdays but may later stretch to evenings and weekends.
- Mentors will be asked to stay in communication with ICD nursing and social work to make sure the relationship is helping both patients.
- Peer mentors will be screened prior to being accepted for training.

1. Thinking back to when you were a new ICD patient, do you feel it may have been helpful to talk to another patient who had been through a similar experience?
- Yes
  - No
  - Not sure
  - I did talk to another patient
2. When do you feel an initial contact with a peer mentor may have been most helpful to you?
- ☐ Prior to my hospitalization
  - ☐ During my hospitalization
  - ☐ At my first clinic follow-up
  - ☐ At a later clinic appointment
  - ☐ Other \_\_\_\_\_
  - ☐ I do not think it would have been helpful.
3. If I had been given the choice, I can imagine I would have consulted my peer mentor ...
- ☐ Once
  - ☐ Twice
  - ☐ A few times
  - ☐ At multiple times during my recovery
  - ☐ Never
4. What would be your preferred way for communicating with a peer mentor? (Choose all that apply.)
- ☐ Face-to face
  - ☐ Telephone
  - ☐ Email
  - ☐ Text
  - ☐ Online chat room/social media
5. Considering your situation today, do you think having a peer mentor as a current resource may be helpful to you?
- ☐ Yes
  - ☐ No
  - ☐ Not sure
6. Would you like to hear more about becoming a peer mentor?
- ☐ Not at this time but perhaps down the road
  - ☐ No
  - ☐ Yes! And here is my contact information...
- Name \_\_\_\_\_ Daytime Phone #(\_\_\_\_)\_\_\_\_\_
- Email address \_\_\_\_\_

Thank you very much!! We will be contacting you soon!